

Dear Members of the Search Committee:

As you undertake your important mission of selecting the next Director of the National Institute of Mental Health (NIMH), we know you will be considering a variety of criteria as you evaluate the candidates. We strongly encourage you to include among those criteria the need for a Director who recognizes the central role of psychosocial, cultural, and behavioral research in addressing the mental health needs of our nation.

NIMH has an ambitious mission: to define the mechanisms of complex behaviors, chart mental illness trajectories, strive for prevention and cures, and strengthen the public health impact of NIMH-supported research (NIMH 2015 Strategic Plan). We believe that achieving this mission requires a leader who recognizes the necessity of examining psychosocial, cultural, and behavioral mechanisms. This kind of leadership will help ensure progress in research on environmental causes of mental illness, as well as on the development, refinement, and dissemination of evidence-based psychosocial (e.g., cognitive, emotional, and behavioral) diagnostic tools and preventive interventions and treatments applicable across diverse populations and ages. These are crucial issues because research has shown that for most individuals with diagnosable mental disorders, the most effective treatments are those that target cognitive, behavioral, emotional, or interpersonal change, as opposed to those that act more directly on cellular processes or brain structures (though of course any changes in mental processes will affect neural circuits as well). For example, psychological treatments for individuals with anxiety disorders, eating disorders, suicidality, and insomnia are equally -if not more- effective than the most effective somatic treatments, such as psychotropic medications and brain stimulation methods, especially when longer-term effects are considered. Similarly, as NIMH-funded research has shown, psychological therapies for depression, the most common mental disorder, are the most effective treatments in the long run. Further, psychosocial preventive interventions have been found to prevent substance abuse, mental disorders and violence. Yet, we have much to learn: to improve both prevention and treatment of mental disorders, we need to further our understanding of psychosocial and behavioral mechanisms underlying these disorders and interventions to prevent or treat them. Moreover, given the increased national diversity, we still have a limited understanding of societal/cultural, familial, and interpersonal inputs to mental illness and health across childhood, adolescence, and adulthood. Without the resources to investigate these mechanisms, characterizations of the processes by which maladaptive behaviors arise and persist will be woefully incomplete, slowing down the search for prevention and cures.

We strongly value the importance of the biological level of analysis in the etiology, treatment, and prevention of mental disorders. At the same time, it will be crucial for the next Director not to privilege one level of analysis (whether it be the biochemical, systems neuroscience, motivational, or sociocultural level) above all others, but to encourage vigorous scientific inquiry at all levels in the explanatory hierarchy. Psychopathology is far too complex a phenomenon to be understood at only one or two levels, and one of the key tasks of the next Director will be to encourage research that respects – and when relevant, bridges across – multiple levels. To be sure, some levels of analysis will ultimately prove to be more fruitful than others for certain mental disorders. But decisions about which levels to prioritize must be guided by data.

In addition, it is vital that the new Director of NIMH appreciate the value of investigator-initiated research programs, vetted by peer review, as a crucial engine of scientific progress and as a critical element in promoting innovation and independent thought in the leading mental health and brain scientists, as well as in the young investigators who will replace them. We are concerned that NIMH's support for investigator-initiated research has diminished significantly, and we ask that the new Director be explicitly committed to reversing this trend. As described by Thomas Insel in his Director's White Paper, the percentage of the NIMH budget that has supported NIMH-initiated research has nearly quadrupled, from 6% in 2004 to 23% in 2014, and this has come at the expense of investigator-initiated research. Even the allocation of the remaining funds has come under much greater central control. An example is that proposals for an essential type of research – the investigator-initiated randomized clinical trial – are no longer accepted for review at NIMH. This makes it markedly harder for new, innovative treatments to be developed. While we support a focus on identifying “experimental therapeutics,” it is also essential that NIMH provide a home for developing and testing interventions that can be highly efficacious even though their underlying mechanisms may not yet be specified. Indeed, researchers have only recently made progress in identifying the mechanisms behind the efficacy of, for example, cognitive-behavioral therapy for anxiety disorders and PTSD, even though these treatments have been reducing the suffering of patients for several decades. Similarly, although psychosocial interventions exist that target some specific mechanisms in schizophrenia, such as cognitive deficits, there is a need to develop and test interventions to target additional domains, such as motivation and social cognition. Mechanism research has best been conducted by planfully including it in the context of large-scale clinical trials that offer the necessary power for tests of mediation. Without renewed support for investigator-initiated RCTs, we believe that the great strides in the understanding, prevention, and treatment of mental disorders that have been made with support from the NIMH for investigator-initiated research will be compromised.

We understand that you have a challenging task ahead of you and appreciate your consideration of our views. We would be pleased to provide additional information and assistance to you during your deliberations.

Originating Signatories (in alphabetical order)

Association for Behavioral and Cognitive Therapies

Association for Psychological Science

Society for a Science of Clinical Psychology

Endorsing Organizations (in alphabetical order)

Academy of Psychological Clinical Science

American Academy of Psychoanalysis and Dynamic Psychiatry

American Psychological Association (APA)

APA Division 5--Quantitative and Qualitative Methods

APA Division 7--Developmental Psychology

APA Division 12--Society of Clinical Psychology
APA Division 12 Section II--Society of Clinical Geropsychology
APA Division 22--Division of Rehabilitation Psychology
APA Division 37--Society for Child and Family Policy and Practice
APA Division 38--Society for Health Psychology
APA Division 39--Psychoanalysis
APA Division 43--Society for Couple and Family Psychology
APA Division 53--Society of Clinical Child and Adolescent Psychology
APA Division 56--Trauma Psychology
Association for Behavior Analysis International
Behavioral Genetics Association
Cognitive Science Society
College on Problems of Drug Dependence
Consortium of Social Science Associations
Council of University Directors of Clinical Psychology
Federation of Associations in Behavioral and Brain Sciences
International Society for Developmental Psychobiology
International Society for Interpersonal Psychotherapy
International Society for Research on Internet Interventions
International Society for Traumatic Stress Studies
Society for Computers in Psychology
Society for the Exploration of Psychotherapy Integration
Society for Judgment and Decision Making
Society for Mathematical Psychology
Society for Prevention Research
Society for the Psychological Study of Social Issues
Society for Psychophysiological Research
Society for Psychotherapy Research
Society for Research in Child Development
Society for Research in Psychopathology
Society for Research on Adolescence
Society of Behavioral Medicine